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RESPONSIBILITIES AND PITFALLS IN THE MANAGEMENT OF ATHLETIC INJURIES

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Presented at the annual Meeting of the National Athletic Trainers Association, Boston, 19 June 1956.

Fortunately, for the country as a whole, and for everyone individually concerned, participation in organized sports in schools, colleges, and universities is steadily increasing. The wisdom of "athletics for all" is becoming generally appreciated, and it is realized that the playing field is a much better place for young men to blow off steam than the tavern.

This healthy and happy state of affairs emphasizes the responsibilities of doctors and trainers in the prevention, diagnosis and treatment of injuries. What are these responsibilities, and how best can they be met?

They can perhaps best be expressed from the point of view of the player in the form of what might be called a "bill of rights:"

1. GOOD COACHING. This has practically been relized. The coach who teaches unsportsmanlike tactics to win at any price is almost extinct. Almost all coaches today are competent instructors in technical aspects of the game, ignorance of which of course greatly increases the incidence and severity of injuries.

2. GOOD EQUIPMENT. This too can easily be achieved. The equipment manufacturers take their responsibilities very seriously and are continually modifying and improving the various types of armour worn in contact sport. The problem, as all trainers well know, lies in the false economy of using worn out, outmoded, or ill-fitting gear. The outfitting of a team is no place for penny-pinching. It is also, needless to say, no place for "kick-backs" and other shady deals which are invariably contrary to the best interests of the player.

3. GOOD MEDICAL CARE. - - which has three aspects:

   First, a thorough preseason physical examination. This is the most important single factor in the prevention of injuries. A considerable number of the tragedies which occur every year and are brought to the attention to the Committee on Athletic Injuries of the American Medical Association are due to conditions such as heart disease, high blood pressure, and diabetes which were not recognized.

   Another important aspect of the preseason examination, particularly in highschools and preparatory schools, is the proper matching of players. Boys grow at different rates. Some at 15 have mature and well coordinated musculoskeletal systems, others are small and soft having barely entered the wondrous years of adolescence, and still others are large boned, skinny and incoordinated being in a period of rapid bone growth with barely compensated nerves and muscles.

   To mix these types on a team is to look for trouble. This is an area of cooperating among, coach, trainer and doctor. Well matched teams are much safer and more fun for all concerned.

   Second, a doctor should be present on the playing field at every scrimmage and game. The decisions involved in determining whether an injured player should be carried or walk off the field, and if taken from the field whether treatment should be instituted at once or whether it can be delayed are all decisions which require a doctor's special knowledge and background. For a layman to assume these responsibilities is to gamble with the player's future with the cards stacked against him.

   Third, the doctor's authority in matters medical should be absolute and unquestioned. This principle is the meaxure of a good coach. Almost all coaches today are happy to leave medical decisions to the medical profession. They have enough decisions and problems as it is.

Where does the trainer fit into all this? It will be obvious to anyone who has ever worked with a good trainer that his position is essential. Without him, it would be most difficult to achieve any of these aims. He is at the same time the trusted lieutenant of the coach and of the doctor. He serves as a point of liaison between them and the team. His time and skills are fully employed in the selection and fitting of equipment, protective taping, supervision of meals, carrying out the doctor's prescription for treatment, soothing the complex interrelationships of the many personalities involved, and a thousand and one other equally important details.

Granted that this "bill of rights" has been fullfilled, injuries will still occur and pitfalls lie in wait for the unwary in their management. Some of these are pointed out in the following case histories which all serve to illustrate the importance of what might be called a high "index of suspicion and alertness" on the part of the trainer.

Case 1. As he was dressing after a shower a college football player was noted by the trainer to look a little pale. Upon questioning he finally admitted that he had been forcibly struck by an opposing player's knee in the left flank. But maintained that it was "no more than a little bruise." After a good deal of discussion he was finally persuaded by the trainer to produce a sample of urine. The urine was grossly bloody. He was taken at once to the doctor and a few hours later after blood transfusions, a ruptured left kidney way removed. Convalescence was uneventful.

This is the kind of trainer one hopes is looking out for his son. Young men in good physical condition can lose an amazing amount of blood from either external or internal hemorrhage without collapsing. However, when collapse does occur tragedy is just around the corner and in this case it is quite fair to say that the trainer saved the young man's life.

Case 2. A highschool senior in a football game was thrown violently forward onto his extended hand and and wrist when blocked. He continued play but at the half complained to his coach of pain in his wrist. He was treated by sarcasm and asked if he were a man or a mouse, and continued play throughout the game. At

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RESPONSIBILITIES AND PITFALLS (Cont.)

the end of the game he consulted his trainer who continued in the same vein as the coach but did apply some tape to the wrist. He played throughout the rest of the season with the wrist taped although admitting later that he was in great pain. At the Christmas vacation at the insistence of his parents he first consulted a doctor. An x-ray disclosed a fracture of the carpal scaphoid bone with extensive traumatic arthritis of the radial side of the wrist joint. An operation for removal of the fractured bone was necessary but the function of the wrist was permanently impaired.

This is the kind of coach and trainer one hopes never comes in contact with one's son. This incident occurred many years ago and it is to be hoped never will be repeated. Sprains of the wrist are in fact very rare in young men and fractures of the carpal scaphoid bones surprisingly common. The diagnosis is subtle since quite frequently the first x-ray fails to show the fracture. All wrist injuries should be seen promptly by a doctor. Properly treated almost all scaphoid fractures heal with no permanent disability whatever.

Case 3. A fat, cheerful, 14 year old boy was noted by a prep school trainer to be limping slightly on leaving a football field. When pressed, he finally admitted "a little pain around the knee," but there was no history of any knee injury and no evidence of bruising or abrasion. The boy was taken at once to the doctor because of this unexplained limp. Further study including x-rays disclosed an early displacement of the upper growth center in the femur, the capital epiphysis. This was corrected by an operation.

DISCUSSION: As every good and experienced trainer knows anything abnormal about an athlete must be explained. In this case, had the limp been dismissed as a "Charley horse" serious and very likely permanent impairment of hip function might have ensued. In growing boys, particularly fat ones, abnormalities at the hip joint can produce pain at the knee.

Case 4. A highschool basketball player just before the end of the game sustained a dislocated shoulder. Immediately after the game this was reduced by the coach, who then instructed the trainer to "limber him up and get him ready for next week's game." Somehow this was achieved but about a month later a second dislocation occurred followed by the same treatment. After the 8th dislocation, a doctor was finally consulted. A Bankart reconstruction operation was done and no further dislocations occurred.

The error in this case was one of omission. From the beginning the dislocation should have been handled by a doctor. After reduction the arm should have been bound to the side to prevent abduction and external rotation, for at least 3 weeks to allow the torn tissues on the anterior inferior aspect of the shoulder joint to heal in their proper position. Recurrent dislocation requiring surgical reconstruction is rare if this practice is followed.

Fortunately, unhappy case histories like those of cases 2 and 4 occur much less often today than a decade

Continued on page 3

RESPONSIBILITIES AND PITFALLS (Cont.)

or two ago. It is to be hoped that the influence of organizations like the National Athletic Trainers Association will result in a complete disappearance in another 10 years.

SUMMARY: 1. A "bill of rights" of the player in regard to the prevention and management of athletic injuries is presented, and the role of the trainer in its implementation is discussed.

2. Four case histories are presented illustrating the importance of alertness and a high "index of suspicion" on the part of the trainer in avoiding pitfalls in the management of athletic injury.

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DISLOCATIONS OF THE SHOULDER JOINT

By: Clinton Houy
Asst. Trainer, U. S. Air Force Academy

A dislocation is a displacement of one or more bones of a joint or of any other organ from the original position. In the field of competitive athletics dislocations are a very common form of injury, but one of the most severe is that of the humerus from the glenoid cavity as it may readily become a chronic injury if proper treatment is neglected. This is particularly true due to the fact that this is a ball-and-socket type joint which freedom of movement is developed at the expense of stability. The head of the humerus articulates with the shallow glenoid cavity which is a little more than one-third the size of the humeral ball. Thus the strength of this joint lies mainly in the muscles and ligaments which surround it.

Briefly considering the anatomical structure of the shoulder joint we find that it is supported by four main ligaments, the capsular ligament, transverse humeral ligament, gleno-humeral ligament and coraco-humeral ligament. However, the most important structures which impart strength to the joint are the tendons of the shoulder muscles which blend with the capsule and thus serve as acessory ligaments.(1) The tendons of all the smaller muscles of the shoulder joint are closely blended with the joint capsule and thus form a very strong tendinous cuff which envelops the top and sides of the head of the humerus. The muscles of the shoulder joint are divided into functional groups. One: the subscapularis, sup-

Continued on page 5

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We feel that "The Journal" can become a handle toward an even bigger and finer association and that it should be actively supported by all.

Cordially yours,

Cramers of Gardner, Kansas

P.S. See you in Lincoln
on June 17, 18, 19.

DISLOCATIONS OF THE SHOULDER (Cont.)

raspinatus, infraspinatus and teres minor keep the head of the humerus in contact with the glenoid cavity. Two: the deltoid, pectoralis major, latissimus dorsi and teres major are the chief effectors of the humero-glenoid movement. Three: the biceps, triceps and coraco-brachialis assist in sustaining the weight of the limb in the errect position and in all activity causing humeral shaft traction. Thus we find that the frequency of dislocations of the shoulder joint is due to its free mobility, the lack of correspondence between its articular surfaces, its exposure to injury and the length of the humeral lever. We trainers must realize that the real strength of this joint lies in the muscles which surround it.(2) It is this fact that plays a major role in the prevention and rehabilitation of injury to the shoulder joint.

A gleno-humeral dislocation can readily be diagnosed by the appearance and the severe pain that is associated with this injury. A marked diagnostic feature is produced in a majority of the cases as the humeral ball is projected slightly upward and forward. After the athlete has been removed from the playing area, preferably by stretcher since it is more comforting to the player, the team physician will attempt to reduce the dislocation immediately. In many cases the reduction can be carried out without the application of an anaesthetic and the sole aim is to reduce the dislocation as quickly as possible for it will lead to speedier recovery. After reduction, the arm should be placed in a sling and completely immobilized. Also ice applications should be administered to retain swelling at a minimum. Very seldom will a fracture occur with an injury of this type, but X-rays should always be taken to rule out the possibilities.

Depending upon the severity of the dislocation, the athlete should be kept from active participation from five to seven weeks. It is during these weeks of rehabilitation that the trainer plays a vital role toward the success of preventing further injury once the player returns to active participation. In the first four to seven days the arm and shoulder joint should be kept completely immobilized to prevent further strain to the supporting structures. Heat applications, diathermy or other forms, very mild massage and the overnight analgesic pack should be applied from the second week throughout the period of treatment and rehabilitation. During this time it is adviseable however, to keep the arm in a sling, reducing strain to the joint at a minimum and allowing the supporting structures to have the opportunity to heal properly.

Beginning the fourth week range of motion and passive exercises should be started. The shoulder joint should be carried through its various movements of circumduction, flexion, extension and abduction at a gradual pace. After the various movements can be carried out without pain and to a high degree of efficiency, the overhead range of motion with the assistance of a shoulder wheel should be begun. If at all possible, this should be accomplished by the end of the fourth week, and if the area is free from pain and healing has satisfactorily progressed, Progressive Resistive Exercises should be inserted around the fifth week of the rehabilitative program.

There is a wide variety of techniques of resistive-repetition when it comes to Progressive Resistive Exercises. However in a very recent article published by the British Medical Joornal on P.R.E., a survey of experiments resulted in the fact that a power program essentially based on decreased numbers of repetitions performed with increased resistance was most successful in building strength.(3) In the power program the commencing weight should never be less than the maximum that can be lifted ten times. The weight is increased between each set of lifts, and the number of repetitions consequently decreases. Eventually the weight becomes so heavy that it can be lifted only once. Using this program on a gleno-humeral dislocation proved most satisfactory in my recent experience. Utilizing dumb-bells, resistance should be applied to the muscles of the shoulder girdle involving the various movements of the shoulder placing particular emphasis on adduction and inward rotation. Other apparatus such as wall pulleys and rowing machines may be utilized in rounding out the strength building program.

Should the athlete be able to return to duty in season, clearance should always be given by the team physician before returning to active participation. The joint should be supported with adhesive tape, and in contact sports such as football it is advisable to wear a restrictive shoulder harness over the adhesive strapping to restrict complete extension. Each trainer has his own definite method of strapping the shoulder joint, but one cannot overemphasize the importance of anchoring the strapping very securely as the shoulder joint passes through an extensive range of motion.

It is my belief that if proper treatment and follow-up is given to a gleno-humeral dislocation once it occurs, almost all chronic dislocations will be eliminated and continued active participation can be carried on without further difficulty. Although the seasonal sport may have ended, the athlete should continue Progressive Resistive Exercise and participate in supervised weight lifting. As previously stated, the shoulder joing structurally is a weak joint and for such strength as it does possess, it is dependent more upon the muscles which surround it than on the ligaments.(4) I therefore recommend that with the assistance of the Physical Training department of your university or college organized classes in weight lifting should be established for contact participants in the off season. Recent findings have shown that weight lifting not only increases strength but also increases the athletes performance level. Along with the weight program, high bars should be erected on the practice field allowing the athletes to do chin-ups and stretching of the upper extremities in early season conditioning. Push-ups and other shoulder strength building exercises should also be stressed in early season conditioning drills.

If proper exercises are administered to athletes to strengthen the shoulder girdle, this injury will be rarely encountered. And should such an injury occur, proper treatment will eliminate the possibility of it ever becoming chronic.

(1) Edwards, Linden F., "Concise Anatomy" Professor of Anatomy, Ohio State University 1948.

(2) Cunningham, "Textbook of Anatomy" Ninth Edition, 1951.

(3) MacQueen, I.J., "Recent Advances in the Technique of Progressive Resistive Exercises", British Medical Journal, 1193-1198, November 20, 1954.

(4) Whittingham, H.E., "Principles of Anatomy and Physiology for P.T. Instructors", 2' Edition, 1950.

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A COMBINATION OF TWO MATERIALS USED TO CONSTRUCT LARGE-AREA INJURY PADS

John R. McGlumphy and Arthur Dickinson
Arizona State

Protection of painful contusions to soft tissue and bone are an almost daily problem of the athletic trainer and one to challenge both his professional knowledge and ability to improvise. In many body areas the commercially manufactured pads do not adequately protect an injury from further trauma and pain, and the trainer must make use of materials not primarily manufactured for this express purpose.

Fiberglas has been recently been used for contusion protection, gathering widespread favor since Dougal(1) presented its advantages of strength and ease of application. As it must be applied over a rigid mould such as plaster-of-paris, it has not been widely used in larger areas of the body. By combining use of fiberglas and Celastic(2), satisfactory pads have been constructed by the writer to protect most areas of the body.

Because of its ease of application and quickness to harden into a rigid state, Celastic has been used in the past to cover areas such as the calcaneus, lateral aspects of the arm and other portions of the extremities with satisfactory results. However, even with several layers laminated together it will give with extreme impact, and when used in heel cup construction softens after repeated blows. Combining the advantages of each has made an ideal protective device possible.

The Celastic is cut dry to the desired finished pad dimensions, dipped in the catalyst, and applied directly to the body over spacing to protect from acetone reaction. Conformity to the body surface is insured by applying an elastic wrap over the wet Celastic. If one-half inch vinyl sponge will be used to bridge the injury, a piece of scrap sponge rubber can be used as padding.

After fifteen minutes drying on the body the Celastic is usually hard enough to retain shape with only an occasional minor skew if removed from the body and allowed to dry in approximately the same position. When dry and rigid, the fiberglas is stretched over the Celastic and applied in the usual fashion. As many layers of fiberglas are applied as deemed necessary to protect the particular injured area. Binyl sponge, commonly used beneath the rigid pad to bridge the injury site, can be easily fused to the Celastic by Firestone No. 703 cement.

Gross areas can now be covered easily, speedily and with maximum protection by this technique, and fitted to the particular individual's body contour. Pads used at Arizona State with satisfaction have been made to bridge ribs nine, ten and eleven from chondral juncture anteriorly to posterior articulation on the vertabrae (Fig. 1); bridging of a massive contusion of the rectus femoris muscle (Fig. 2); protection of an iliac crest; and protection of two areas of tenderness lateral to the humeral shaft of the arm. Each trainer will have similar problems in protection, and the Fiberglas-Celastic technique may offer an answer.

(1) A. Dougal, "Fiber Glass Protective Pads", Paper presented at 6th Annual Meetings, N.A.T.A., 1956

(2) Registered Trademark, Celastic Corporation, New York City, New York.

FIGURE 1

FIGURE 2

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THE GREATEST ATHLETIC SHOW ON EARTH: THE TRAINER'S VIEWPOINT

Jim Emmerich - Trainer, USA Olympic Team

"I declare open the Olympic Games of Melbourne celebrating the XVIth Olympiad of the Modern Era." So spoke the Duke of Edinburgh on November 22nd last, to sent into action in their quest for glory, 6000 athletes representing 74 nations of the world.

On the beautiful scoreboard at the main stadium, the Melbourne Cricket Grounds, was emblazoned the famous quote by Baron Pierre de Coubertin, French philosopher and scholar, and whose vision led to the revival of the Olympic Games at Athens in 1896, "The important thing in the Olympic Games is not to win, but to take part. The important thing in life is not the triumph, but the struggle. The essential thing is not to have conquered, but to have fought well."

To spread these precepts was to build a stronger, more valiant, and above all, a more scrupulous and more generous humanity.

What a wonderful philosophy with which to guide our lives and to set the pattern for our sporting events!

Baron de Coubertin had in mind three objectives for the Olympic Games:

1. To raise the physical standards of the nations of the world.
2. To spread the cult of the Olympic Games throughout the world.
3. To forge links, through friendly contests, to lessen the possibility of war.

Have we made progress toward accomplishing these objectives? We have the full range of opinions, from those who declare the Games pure and above reproach, to those who would abolish the Games and who consider them a vehicle of war.

On the debit side of the ledger, are the intense preparation required, near professionalism, and political implications.

On the credit side, standards of strength and skill have risen consistently. A total of 34,000 men and 2600 women have participated in the Games, and have helped to spread the Olympic culture throughout the nations of the world. The 1956 Games were marked by increased participation of the nations of Asia and Africa. Lastly, while we know that the period since 1896 was marked by by two World Wars and lesser wars and that the Games were cancelled in 1916, 1940, and 1944, it is a lasting tribute to the Games that they were conducted in 1956 under conditions of greater world tension than ever before in their history. Yes, the Games are worthwhile, and let us ever protect them from their greatest enemies, professionalism and politics!

What is the force that impels an Olympian to strive on? John Landy said it. "Pressure--pressure not to let the people down." Faith Leech, an Australian swimmer, replied, "The fun in winning and in making new acquaintances." An Australian cyclist has this to say, "I like to win. I try to develop my potential." And Hector Hogan, sprinter, observed, "If you're good at something, you must give it all you've got!"

Common to all is a sincere dedication to the task of overcoming every obstacle to the targets that they set for themselves. "Targets which they set for themselves?" It was the Korean boxer who said in reply to a question by one of the examining physicians as to whether he had ever been knocked out, "Always!" He had been the target all right! In Korea, fights are carried to a knockout!

In many respects, the '56 Games were the greatest in history. The largest number of athletes from the highest total of nations ever to enter were watched by over 2,000,000 persons. A total of 45 Olympic records (12 of them world records) are evidences of the caliber of the athletes in this, the first time in the Southern Hemisphere.

America's men's Track and Field squad, the finest team in history, accounted for 15 gold medals out of 24 events. In so completely dominating the Track and Field games, the Yanks set 11 Olympic records (1 world record) and scored 1st 3 place sweeps in 4 events, the 110 meter high hurdles, the 400 meters hurdles, the 200 meters dash and the discus throw. Mildred McDaniel, America's premier woman high jumper, set a new world and Olympic standard of 5'9¼" for the 16th American medal in track and field.

The following is a tabulation of American and Russian wins in the Melbourne Games:

America	Events	Russia
1	Basketball	0
2	Boxing	3
0	Canoeing	2
3	Diving	0
0	Gymnastics	11
0	Pentathlon	1
3	Rowing	2
0	Shooting	3
2	Swimming	0
15	Track and Field (Men)	3
1	Track and Field (Women)	2
4	Weight Lifting	3
0	Wrestling (Greek and Roman)	5
0	Wrestling (Free Style)	1
1	Yachting	0
32	Totals	36

Not as bad a picture as we are led to believe! America won gold medals in 9 sports of the 16 sport program as compared to 11 for Russia. America's dominance over Russia is just as pronounced in track and field, swiming and diving and basketball, as in Russia's edge in gymnastics, shooting and wrestling.

It is true that there are inequalities, and that differences of opinion do exist as to the relative values of sports. For those who are point, place, and medal conscious, possibly there should be a re-evaluation. However, it is not in the Olympic spirit that point scores be kept or that team standings be posted. The Olympic games are basically individual contests and the conceiving of point scoring systems serves only to whip up bitter international rivalries. It would be the will of Baron de Coubertin, the International Olympic Committee and the various National Olympic Committees that we remember such names as Nurmi, Owens, Zatopek, Kuts and Morrow, rather than America won in '52 and Russia won in '56.

It will require a grass roots effort for America to bolster herself in the events in which she is weak. Stu-

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THE GREATEST ATHLETIC SHOW (Cont.)

dents will need to be introduced to new activities at an early age, in the schools and on the playgrounds, and these sports will have to be engaged in beyond the school years. America is going to have to hustle in those events in which she excels! Australian men and women swimmers have posted their nation at the top in the world. We may expect the gap to be narrowed in U.S. dominance in track and field and in basketball.

Let's not shoulder the blame for Russia's gold medal lead on the American gymnasts. Russia took 11 gold medals out of 15 - the rest of the world got four. The American men and women gymnasts are fine performers, and compare much more favorably with the top in their sport than may other representatives in their respective sports. Gymnastics, fencing, cycling, rowing, field hockey and soccer are not minor sports on the Olympic calendar. What would you say (or do) if you had the skills of a Russian or Japenese gymnast, and someone referred to gymnastics as "a minor sport?" These athletes are near perfect and may be far more skillful than the best team sport player, be it football, basketball or baseball. Are we in America going to admit that there are other sports than our highly organized team games, and are we going to make an effort to interest and channel some of our young people into these other sports? It's a challenge. It isn't going to be easy–it's going to be a long hard pull! Possibly, whether or not we bolster ourselves is not a matter of great concern. Seventy-four nations want a place in the Olympic sun. The games must be worthwhile to them–they must have reasons for taking part. Wouldn't it be better that more nations gain recognitions which would serve as stimuli to their programs and to the Olympic effort? Do we want the Olympic games to be a big dual meet between Russia and America?

In my opinion, the biggest gain from our '56 showing is a consciousness of the need for some wholesome physical activity for everyone, everyday, and appropriate steps to lift the physical standards of our nation. There are, already, moves in that direction. May this impetus turn into a full head of steam!

The period of the Summer Games, November 22nd through December 8th, was, obviously, quite out of rhythm with previous Olympics and with normal peaks which athletes reach in the different sports. For track and field, particularly, the Olympics generally follow quite closely, the final Olympic tryouts in June. The corresponding period, in the Northern hemisphere (late spring), would have been May 22nd through June 8th. The average daytime temperatures for the period in Melbourne had been 73 degrees and the average night time temperatures, 54. Such temperatures would compare favorably with a Los Angeles spring, and would be warmer than those of New York, London, Paris or Berlin, and only slightly cooler than Rio-de-Janeiro and Rome.

The Olympians can be said in general, to have lived a charmed life from the standpoint of injuries and readiness to go at the time of the Games. To the best of my knowledge, only three men had to sit out altogether–Ron Coder, soccer player who suffered a leg fracture on the tour of the Orient; Dick Beattie, wrestler, who had an emergency appendectomy before departure of the team from Los Angeles; and wrestler Frank Bettucci, victim of a severe knee strain just prior to competition at Melbourne. Among those who had to sit out at least part of the time in the Games were basketballers Chuck Darling (ankle sprain) and Carl Cain (back injury). What team could better afford to have key men sidelined than the greatest amateur basketball team in history?

Most frequent of the afflictions reported by the track men were respiratory disorders, intestinal upset, shin splint, teno-synovitis (achilles) calf muscle soreness and groin strain. There was not one case of muscle pull! From the start of their conditioning in California, possibly because of failure to use preventative measures, the wrestlers were plagued with boils. Despite the near full time efforts of trainer Steve Witkowski, some wrestlers were not rid of the boils at the time of the Games.

It had been felt by the American Track and Field coaches and managers that to arrive in Melbourne two weeks in advance of the Games would allow sufficient time to become acclimated. Their judgments were based on Los Angeles-Melbourne comparisons for temperature, altitude, facilities, convenience, economy and other factors. There was nothing to be gained by earlier arrival (suggested by Australian Press), and the weather quirks substantiated the American decisions. In fact, the squads would probably have been better off to arrive later! A two workout layover had been planned for Hawaii, and most everyone agreed that this would have been the place to do

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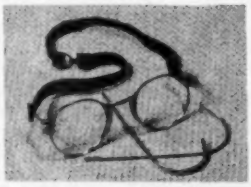

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THE GREATEST ATHLETIC SHOW (Cont.)

pre-Olympic conditioning; that is, if the budget could have handled it!

It is my feeling that there was greater loss of time from practice by some athletes than there needed be. Many athletes seemed to seek out things–almost as if they didn't feel right unless there was something wrong. Not so with the Finnish marathoner. His English speaking national coach brought him into the training room one evening. He had acute tenosynovitis in the achilles tendon area, so swollen and painful in fact, that he would just about go through the ceiling is a trainer merely touched it. He would stand in the whirlpoos in water up to his knees every night and emerge wringing wet. He was cautioned by the trainers not to run, as best they could communicate to him (the trainer would do a stationery run, shaking his head and saying, "No, no!"). The next time his coach came in and we asked whether his boy was following our advice by resting, the coach replied, "He ran five hours today!"

The California environs left something to be desired training-wise. There was great need for more leisurely surroundings. Except for the comparatively short daily training period, the athletes spent much of their time on concrete and tile amid the hustle and bustle of downtown Los Angeles. Travel uniform shoes, which were issued quite early, were leather heeled and did little to ameliorate shin splint, achilles tendon inflammation and calf muscle soreness. Respiratory disorders were very much in evidence and may have been caused by late afternoon coolness at Berkeley and at Los Angeles, the smog, tensions and other factors.

The athletes were given a great deal of leeway in their training schedules. This was with regard to places, workout times, one or two-a-day workouts and types of work that they did. It wasn't intended that the boys report in top shape, since about six weeks were to intervene between the Games and assembling, October 10th, for the first meet at Berkeley on the 13th. However, it was necessary that the boy had done some conditioning prior, so as to be ready for the October 13th meet. It is my opinion that the majority of the boys reported in in good condition. Some were really ready! Others, for one reason or another, had quite a way to go. For some, it meant never getting there. Four pre-Olympic meets were scheduled in America–at Berkeley, at Ontario, at Santa Ana, and at the Los Angeles Memorial Coliseum.

Coaches and managers had the boys' interests at heart with regard to appearances, luncheons and dinners, and were quite concerned that evenings be free. It is my feeling that it might have been better to schedule some nice supper hour occasions so as to free the athletes at noon. We realize that noon is the meeting time of many of the service clubs. Noon luncheon appearances were not conducive to attendance by the full squad, and for some it meant interruptions of workout plans or having to practice too soon after eating.

A word about eating in the States. The track and field athletes were given a daily allowance for eating and for incidentals. This allowance seemed adequate when spent for the items intended. Some of the weight men, particularly, felt that they could not eat on the amount advanced. It was noticeable, early, that some athletes do not pay the eating price with regard to the amount and type of food and regularity.

Arrival at Melbourne, and the die had been cast physically. In fact, for those who had to contend with the elements, it was impossible to maintain condition, much less improve it. The two weeks prior to the first events, on November 23rd, were cold, rainy and windy. Only the most hardy of the athletes were willing to gight the weather. Both morale and physical condition sagged.

The elements played tricks in other ways. The sun came out beautifully for the Opening Day Ceremonies, almost as if it had been planned that way. And it stayed out quite well for the remainder of the Games. It was about 85 degrees that day and quite still. One of the Olympic flag bearers passed out during the glag raising ceremony, and at least one other bearer of a national flag fainted during the four hour ordeal. Only the athletes paraded, and quite a few of those, notably sprinters and high jumpers, passed up the parade because their events came the next day. Over the sound system came this announcement as 112,000 people listened, "The owner of car number 343, Victoria. Petrol is being consumed without your knowledge; the motor is running and it's getting very hot!"

Despite the turn in the weather and sunshine, late afternoon when finals were generally run, were marked by appreciable cooling; and sprinters and hurdlers, especially, had to face headwinds blowing in from the scoreboard end. Of course, these same elements affected all competitors in the different events. Treacherous cross winds bothered vaulters, and high jumpers finished up their day long orgy in the dusk. Broad jumpers faced head winds on abbreviated runways. All of the runs, regardless of length, finished into the wind and at the end of the straight. At least one javelin thrower, Egil Danielsen of Norway, is said to have benefited from the wind as it picked up his Swedish steel implement and set it down at 281'2¼" for a new Olympic and world record.

Because the weather man put on his poorest show in years(Australians say it was the worst they can remember), it caught the planners completely off guard. Heating provisions in the village ranged from inadequate to none at all for the buildings. For those who did not fight the weather by exercise, tissues simply jelled. Athletes coaches, managers, doctors, nurses and trainers - everyone was wary of colds, muscle pull, shin splint and cold weather related maladies. Some, especially those who could least afford to be inactive, sat out altogether. Both physical condition and frame of mind deteriorated. Athletes tried to heat their quarters by turning the water supply so low as to form steam! An example of the high esteem in which Americans are held by the Australians - the little housekeeper at the training room showed me how to light one of the heaters. When she was having a bit of difficulty, she remarked, "I don't care if it blows up–I want to blow up with you!"

There was no heat, moreover, in the dressing rooms underneath the stands of the Melbourne Cricket Grounds (main stadium). The rooms were cold and damp (concrete walls and floors) in spite of fair outside temperatures–certainly not a good pre-competition atmosphere.

Add to these factors, tensions, fatigue and the relatively slow newly laid facilities and you have a

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THE GREATEST ATHLETIC SHOW (Cont.)

possible answer for American performances which were short of earlier performances for pre-Olympic conditioning and, in some cases, far short of the athlete's best ever efforts. It should be said that both individually and as a squad, the American track and field contingent more nearly approached their peak than athletes and teams of other nations.

To say that the eating in the Olympic Village at Melbourne left nothing to be desired is correct. The athletes (and at least one trainer) left nothing! Coaches and managers felt that the Americans would eat themselves right out of the Games. They cautioned the boys to watch their eating and separated them so as to have better supervision and control. It is not stretching it to say that steak was on the menu nearly every noon and evening, and so were ice cream, pie, cake and cookies. Some athletes ate as many as three steaks per meal, and then left the dining hall with all the fruit, cokes and extras they could carry! Two of the boxers, unfortunately, did not make weight; and a weight lifter spat for several hours to reduce. It is my feeling that a great share of stomach and intestinal disorders (some causes are tension related) were from excessive drinking of fruit juices and carbonated beverages. Many of the athletes forgot to drink the water, which had been transported from America; and of course, who would think of drinking water without ice! Despite the heavy eating some athletes were prone to gorge themselves with every conceivable prop. In vogue were vitamin pills and capsules, wheat germ oil, protein pills and capsules, dextrose tablets, "drying out" pills and others. Everyone, it seemed, felt that the other fellow would get ahead of him.

Eating is a matter of self-discipline. Measures to limit the eating of athletes were about as effective as trying to limit the amount of "boy meets girl" relationship. A high fence with guard at the gate was erected around the Olympic women's quarters—all this while the girls from Melbourne and Australia were tearing down the main gate to the village!

There were oddities in conditioning too. Four of the boys decided to have a pushup contest about two days before the Olympics. If they had done the thousands of pushups they should have done prior, it wouldn't have mattered. Now they came in one after another wanting rubdowns—couldn't imagine why their arms and shoulders were sore! And the boys who decided to play touch football at Balboa Beach, throwing the ball as far as they could and kicking it as hard as they could—why coaches get grey! Some of the world's biggest names didn't seem to know about salt intake! What do you have when you go on an Olympic trip? American boys! Natch!

It appeared that a number of the athletes were "pointing for the big one" without getting ready for "the big one." This is with regard to both physical and mental preparation. There was what seemed to be an apparent lack of progression in training, failure to go all out in pre-Olympic meets, and a possible "out-psyching" themselves. Some went easy in early meets and trials by letting opponents and team mates defeat them. Others, it seemed, tried to talk themselves into Olympic wins. Came the "big one" and some were not aware of their capabilities—it was almost as if the event were strange to them. Shows of tension were more in evidence with individual sports, as one would expect.

It would seem that the circumstances surrounding the intensive preparations for the Olympics are not conducive to building some of the qualities that are looked for in champions. At any rate, those qualities don't show, at times, in athletes who we know are endowed with them. There is probably a little less of graciousness, cooperation, even temperedness, self-denial, give and take, unselfishness, team spirit, and good morale than a fellow would look for. Some of these factors show in considerable dissatisfaction and griping. To be sure, America is represented by a fine group of young men and women, and there are many standouts from the standpoint of gentlemanliness and character.

Not unlike the high school or college situation, there is a need for good leaders among the athletes. With everyone on a near par, performance-wise, there may be a hesitancy or shall we say a failure to assume leadership responsibilities. Desirable leadership qualities, which we are sure that many of the athletes possess, are slow coming to the fore and are not exerted in large enough measure. On the other hand, there were examples of leadership which we could do without—team members setting the pattern for others through apparent know how. This is the job of the coaches, specifically. I recall, in particular, one of our track and field men, with good intentions, embarking on the workout program of one of his teammates, and being hardly able to move at the end of practice. This could be more easily condoned, since it involved work. There were other instances, all too many, where athletes assumed the patterns of others, of sitting out, of less practice, of incorrect practice. Do you know of anything at which an athlete can't improve by right practice?

From the trainer's standpoint, then, the battle was mainly psychological. With the athletes psyching or outpsyching themselves, their teammates and their opponents, it is certainly questionable as to how much help the trainer may be, from this angle. You can be sure that there is no better laboratory than the Olympic environment!

One of the things which stood out in my mind was the apparent lack of determination of athletes who were not "up there." That is, there were those who, on paper, were not as capable as their teammates or other world leaders in the events. One would have to say that the Russians showed great seriousness and determination in their preparations. They were quick to ask questions, too, and scouted everything that went on. It was rather amusing to note the concern of one of the caretakers at the main stadium. He was quite convinced that Russian athletes were being "shot" with something before competition. The Russians had a guard at their dressing room door and just prior to each event a coctor and nurse would hurry into the room.

Opportunities for our trainers to visit with those of other nations were at a minimum. Several of the American trainers visited the Russian quarters one morning soon after arrival in Melbourne. After some time, they were informed that the Russian trainers were having a meeting. Many of the nations did not have trainers, supplies or

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THE GREATEST ATHLETIC SHOW (Cont.)

equipment. Some, moreover, did not trust or did not have confidence in the trainers whom they had hired. The American training room was very generous in their help to athletes of many nations and in the passing out of supplies. When the Games terminated, all remaining supplies and towels were given to foreign nations and local hospitals and schools.

It would be amiss not to give credit to the entire U.S. Olympic team and all the administrative staff for a job well done. In particular do we want to cite the medical and training staff, Drs. Harold Muller and Richard You; nurses, Josephine Hanks and Mary Korfonta; Celeste Hayden, physicaltherapist; and trainers, Wally Bock, Elmer Brown, Georges Cointe, Jay Colville, Ducky Drake, Al Sawdy, and Steve Witkowski. Our thanks go to all the fine folks who furnished supplies and equipment, and to all the schools, communities and persons who helped in anyway with the Olympic effort.

For those who charge or feel that America has a lot of "free loaders" or "ocean-hoppers," each one of the administrative staff has a specific job. I believe I speak for the group to say that there isn't one of these people who, from the standpoint of enjoying the Olympic Games, would not prefer to pay his or her own way, and attend as a spectator.

In the words of Pierre de Coubertin, "The Olympic movement gives the world an ideal which reckons with the reality of life and includes a possibility to guide this reality toward the great Olympic idea: Exultation in strength, cult of beauty, work in the service of family and society; these three elements joined in an indisoluble alliance."

And so, as on the scoreboard at the close of the Melbourne Games; "The 1956 Olympic Race is run. May all who have been present go forth to their homelands and may the Olympic spirit go with them."

On to Rome!

The sentiments in this article are purely my own and do not reflect the opinions of the U.S. Olympic Committee, the AAU, Administrators, Athletes, or the Journal. Observations are intended, in the main, to be factual and constructive in nature.

BOOK REVIEWS

ATHLETIC INJURIES, fourth edition, by Augustus Thorndike, M.D., Lea and Febiger, Washington Square, Philadelphia, Pa., 1956, $4.50

Dr. Thorndike has rewritten several important chapters and brought up to date his statistical data since the third edition. As before, his book offers invaluable reading and reference to the physician concerned with athletic injuries, and for the graduate athletic trainer or physical educator. However, as with previous editions, it is not an ideal text for undergraduate majors, and probably not written with this purpose in mind. The aspects of physical therapy and rehabilitation procedures are mentioned but briefly, or ignored, and axiomatic preventive measures omitted.

One disappointment in an otherwise excellent text is that the illustration and description of strapping and bandaging have not been modernized. With the above exception, the author's choice of pertinent material is good and the citation of more histories adds to clarity of the subject matter. He points out (and might emphasize even more) the varying degrees of joint sprain, and indications for active, conservative or surgical repair.

Certainly Dr. Thorndike's book should be one of the four or five basic references for any library in athletic injury.

PHYSIOLOGY OF MAN, Langley, L. L. and E. Cheraskin, McGraw Hill, New York, 1954, 575 pp. $6.00

Authors of physiology texts face a problem in deciding the amount of material to be included for the level of reader they wish to serve. Langley and Cheraskin have done a respectable job of solving this equation.

The material presented is concise and straightforward with little extraneous content. Good summaries are included at chapter endings, and bold faced type is used for terminology. Both are gratifying to see, and the text appears to be one a lecturer would enjoy teaching from.

"Physiology of Man" is most suitable as a classroom text for the advanced student and those planning to enter medical or biological sciences, rather than students majoring in other fields. The authors assume the students have a background of chemistry and physiology that many will not possess.

To the writer's knowledge, the illustrations are new and have not appeared in previous publications. Although many of the older traditional physiological illustrations are superb, these offer a refreshing change from most texts.

For the advanced student, or to those in professions concerned with human physiology, "The Physiology of Man" is an excellent text.

NATIONAL NEWS NOTES

By: Bill Linskey

Hi Men:

I hope that all members are planning to descend upon Lincoln, Nebraska in June to attend our National Clinic and Meeting. Paul Schneider, our host for this year's event, has promised us a wonderful time. So start talking to your Athletic Director for the dough and to your wife and the kids for the family OK.

Our Eastern group had their 8th annual meeting and clinic at the Hotel Broadwood, in Philly last January. Frank Weichec arranged the program and did an outstanding job - this was one of the best clinics Eastern has ever had. President Ed Zanfrini, Chuck Medlar, Bill Lane and Joe Abraham deserve a big hand for their part in putting this program across.

Continued on page 16

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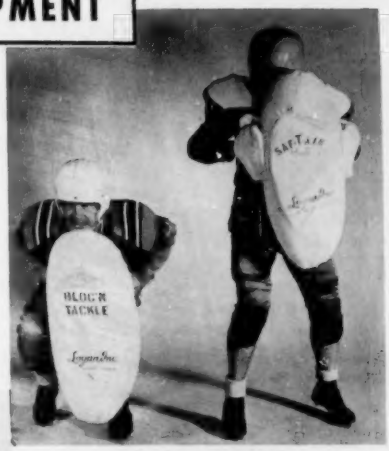

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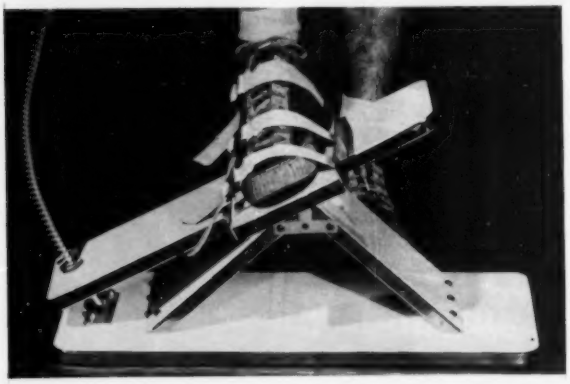

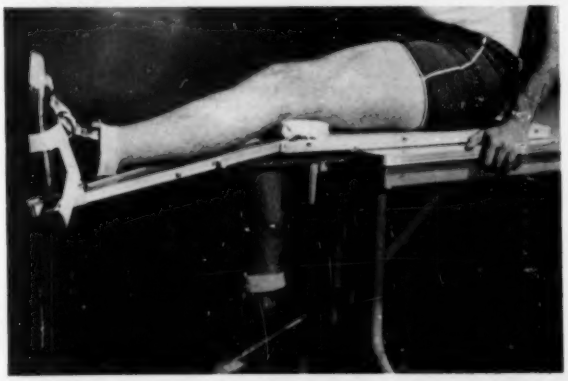

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NATIONAL NEWS NOTES (Cont.)

How do you men like the Trainer's Journal? I think that Art Dickinson and "Pinky" Newell have done a wonderful production job, and it looks like the future will bring us a much bigger magazine printed especially for those men who have and are dedicating their lives for the betterment of the prevention and care of athletic injuries.

Bob White, head man at Wayne State University, Detroit, sends along some interesting news from his area. It is a picture layout and news story about a man named Herman Kaiser who by day is an employee of the Wassau Record Herald and at night and in his spare time is the trainer for the Wassau High athletes. This training work Herman Kaiser does for the athletes is done without compensation. Why? Because he likes the work - and the kids! And get this: Herman is 75 years old (or should I say young?) - still skates and snowshoes - is an ardent archery fan. His ambition is to serve the athletes in his area for the next 25 years as he has the past 25. Congratulations, Herman Kaiser!!! Thanks also to fellow trainer Bob White - keep the news coming, Bob.

Joe Abraham - Hobart College - has just made the grade as a boxing referee. He has received his appointment from the New York State Boxing Commission. I wonder if Joe will be able to keep his hot dog stand concession when he officiates at the various clubs in up State New York - we will be looking for Joe on the TV fights.

Bobby Gunn and Bobby Brown doing a fine job down in Texas - the South Western news letter is a great piece of work.

Tom Healion out at Northwestern U. - still plugging away. We miss him here in the Eastern group.

Get those articles in to Art Dickinson if you want to see them in the Journal.

Ed Prelaz of Marshall College, Huntington, West Virginia, came up to Philly for the Eastern Meeting and had a great reunion with his many friends.

Walt Willoughby writes from Carnegie Tech that Howie Waite is starting to get in shape for the coming ballet season. Boy! That must be a tough way to spend the Summer - who said, "Bring on the dancing girls?" Not Howie.

Gus Seaburg, formerly with U. of Delaware, taking a leave from training to try his hand in the leather goods game. Saw him at the Eastern Meeting chatting with some of his friends.

Ernie Biggs, Ohio State is getting a lot of fine publicity these past few months. His hard work finally getting the recognition it so richly deserves.

Jay Colville, Miami of Ohio, still talking about the wonderful time he had in Australia with the U. S. Olympic team.

Have you fellows read the weekly paper by the name of Scope? This wonderful 16 to 20 page paper is published for the Upjohn Company, Michigan, by The Physicians News Service, Inc., 130 East 59th St., New York 22, N.Y. The purpose of this weekly is to inform physicians and their associates in the medical profession of current developments in the field of medicine and related sciences without bias or special interest.

Why not write to the Upjohn Company or Physicians News Service and see if they will place you on their mailing list. We trainers can certainly use the valuable information concerning athletic trauma and other subjects.

I have just received a copy of the February 27th, 1957 paper and under the heading "Sports and Medicine" is a well written article on the Modern Athletic Trainer and a nice picture of Bill Dayton, Yale University, and the newly elected president of the Eastern Athletic Trainers Association.

So, my fellow trainers, that is it for now. Good luck and may God bless and be good to you and yours.

Well, what ELSE can we do--he's the PRESIDENT!